

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	SLY	69861	3/3
<b>O.I.P.E. CLASSIFIER</b>	MMW	5A	03-13-00
<b>FORMALITY REVIEW</b>	DS	65573	4/28/00
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date		
Final	Original	6	12
1	1	05	03
2	1	05	04
3	1	05	04
4	1	05	04
5	1	05	04
6	1	05	04
7	1	05	04
8	1	05	04
9	1	05	04
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11	1	05	04
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50	1	05	04

Claim	Date		
Final	Original	6	12
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46	1	03	04
47	1	03	04
48	1	03	04
49	1	03	04
50	1	03	04

Claim	Date		
Final	Original	6	12
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If more than 150 claims or 10 actions  
staple additional sheet here

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